

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3433

CERTIFICATE OF DEATH

REGISTRAR'S NO. 54

BIRTH NO.

|  |   |  |  |  |   |  |   |  |
|--|---|--|--|--|---|--|---|--|
| 05-05<br>OF DEATH<br>41<br>AND<br>RESIDENCE<br>5 | 1. PLACE OF DEATH   |  |  |  | 2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION.)    |  |   |  |
|  | A. COUNTY <u>Graham</u>   |  |  |  | A. STATE <u>Arizona</u> B. COUNTY <u>Graham</u>   |  |   |  |
|  | B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <u>Hatcher</u> )  |  |  |  | C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Hatcher</u>                         |  |   |  |
|  | D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Hatcher</u>   |  |  |  | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>V</u>                                      |  |   |  |
| 1<br>EDENT<br>SONAL<br>ATA 170<br>4<br>20        | 3. NAME OF DECEASED (TYPE OR PRINT) <u>William Thomas Wamsley</u>   |  |  |  | 4. SEX <u>M</u>   |  | 5. COLOR OR RACE <u>W</u>   |  |
|  | 6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>   |  | 7. DATE OF BIRTH <u>April 6 1873</u>                   |  | 8. AGE <u>77</u> YEARS <u>3</u> MONTHS <u>11</u> DAYS                                     |  | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) <u>FARMING</u>                         |  |
|  | 9B. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>  |  | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Idaho</u> |  | 11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>No</u> IF YES, WAR OR DATES OF SERVICE: <u></u> |  |
|  | 14A. FATHER'S NAME <u>William Wamsley</u>   |  | 14B. BIRTHPLACE (STATE OR COUNTRY) <u>Idaho</u>        |  | 15A. MOTHER'S MAIDEN NAME <u>Mary Ann Collett</u>   |  | 15B. BIRTHPLACE (STATE OR COUNTRY) <u>Idaho</u>   |  |
| 490X<br>OF<br>BATH<br>M 18) P                    | 16. INFORMANT'S SIGNATURE <u>Charles Wamsley</u>  |  |  |  | 17. DATE OF DEATH <u>July 17 1950</u>   |  |   |  |
|  | 18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).)   |  |  |  | MEDICAL CERTIFICATION   |  |   |  |
|  | I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Tubercular Pneumonia</u><br>ANTECEDENT CAUSES: MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <u>Hypertension</u><br><u>Infection of Kidneys</u><br>II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u></u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>   |  |   |  |
|  | 19A. DATE OF OPERATION  |  |  |  | 19B. MAJOR FINDINGS OF OPERATION  |  |   |  |
| ATIONS,<br>TOSY<br>ATH<br>E TO<br>ERNAL<br>JENCE | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |  |  |   |  |   |  |
|  | 21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)  |  |  |  | 21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) |  |   |  |
|  | 21C. (CITY OR TOWN) (COUNTY) (STATE)  |  |  |  | 21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) (SECOND) OF INJURY                         |  |   |  |
|  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  |  |  | 21F. HOW DID INJURY OCCUR?  |  |   |  |
| IICAL<br>RNER'S<br>CATION                        | 22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>7/9/50</u> 19 <u>50</u> TO <u>7/17/50</u> 19 <u>50</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>7/17</u> 19 <u>50</u> AND THAT DEATH OCCURRED AT <u>1:50</u> PM FROM THE CAUSES AND ON THE DATE STATED ABOVE.   |  |  |  |   |  |   |  |
|  | 23A. SIGNATURE <u>J. N. Strickland Miller</u>   |  |  |  | 23B. ADDRESS <u>9 Oxford Ave</u>  |  |   |  |
|  | 23C. DATE SIGNED <u>7/20/50</u>   |  |  |  |   |  |   |  |
|  | 24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>  |  |  |  | 24B. DATE <u>7-20-50</u>  |  |   |  |
| ERAL<br>CTOR<br>ND<br>ITRAR                      | 24C. NAME OF CEMETERY OR CREMATORY <u>Prima Cemetery</u>  |  |  |  | 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Prima Ariz</u>                           |  |   |  |
|  | 25A. DATE REC'D BY LOCAL REG. <u>July 24 1950</u>   |  |  |  | 25B. REGISTRAR'S SIGNATURE <u>W. H. Caldwell</u>  |  |   |  |
|  | 25C. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Caldwell</u>   |  |  |  | 25D. EMBALMER'S SIGNATURE <u>W. H. Caldwell</u>   |  |   |  |
|  | 25E. CERT. NO. <u>291 A</u>   |  |  |  |   |  |   |  |